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direct dial: 512.370.2832
rvoigt@winstead.com**FAX COVER SHEET****OFFICIAL**

1162-999993-1

PLEASE DELIVER TO:	COMPANY	PHONE NO.	FAX NO.
KIM WATSON	USPTO		703-872-9306

MESSAGE: Notice of Appeal and filing papers for 09/176,077 as requested.

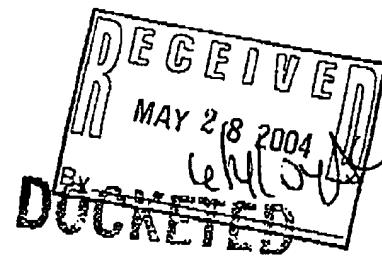
FROM: ROBERT A. VOIGT, JR. PHONE NO.: 512.370.2832
DATE: JULY 12, 2004 TIME IN:NO. OF PAGES 8 INCLUDING COVER SHEET.

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Austin_1\254928\1
7036-P285US 7/12/2004SUITE 800
100 CONGRESS AVENUEPH 512.474.4930
FAX 512.370.2850WINSTEAD SECHREST & MINICK
Attorneys and Counselors
A Professional CorporationAustin, Dallas, Fort Worth,
Houston, Mexico City, San Antonio,
The Woodlands, Washington, DC

DOCKET NO. CA9-98-038CLIENT (Ref). 7036-9285US ATTY/PRIG RV/SH
TITLE Web-based File Review SystemInv/Applicant: R.A. Green

<input type="checkbox"/> New Patent Application	<input checked="" type="checkbox"/> Transmittal Letter	App'l/Grant No: <u>09/176,077</u>	
<input type="checkbox"/> App'l Data Sheet	<input type="checkbox"/> Fee Transmittal	PTO RECEIPT DATE STAMP:	
<input type="checkbox"/> Provisional	<input type="checkbox"/> Check(s) - \$ _____		
<input type="checkbox"/> Prov Cvr Sheet	<input type="checkbox"/> Issue Fee <input type="checkbox"/> Check - \$ _____		
<input type="checkbox"/> Utility	<input type="checkbox"/> Maintenance Fee Transmittal		
<input type="checkbox"/> CONT	<input type="checkbox"/> Check - \$ _____		
<input type="checkbox"/> CIP / DIV	<input type="checkbox"/> PCT Request		
<input type="checkbox"/> CPA / RCE	<input type="checkbox"/> PCT Chapter II Demand		
<input type="checkbox"/> Plant	<input type="checkbox"/> PCT Fee Calculation Sheet		
<input type="checkbox"/> Design	<input checked="" type="checkbox"/> APPEAL <input type="checkbox"/> APPEAL BRIEF	<input type="checkbox"/> REPLY BRIEF	
<input type="checkbox"/> PCT	<input type="checkbox"/> Petition-Extension of Time: _____ Months	<input type="checkbox"/> Check - \$ _____	
<input type="checkbox"/> Drawing(s) _____ Sheets	<input type="checkbox"/> PETITION: _____		
<input type="checkbox"/> Gene Sequence	<input type="checkbox"/> FORM: _____		
<input type="checkbox"/> Computer Readable	<input type="checkbox"/> FORM: _____		
<input type="checkbox"/> Paper Copy	<input type="checkbox"/> Response to FORM: _____		
<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Response/Amendment: <u>1.116. Supplemental</u>		
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Resp. to Notice: Non-Compliant App'l / Missing Parts / Inv To Correct Defects		
<input type="checkbox"/> PCT - Original / Copy	<input type="checkbox"/> Request for Correction: _____		
<input type="checkbox"/> Non-Publication Request	<input type="checkbox"/> OTHER: _____		
<input type="checkbox"/> IDS, PTO/SB/08A-B, # Ref: _____	DUE: <u>6/16/04</u> MAILED <u>5/19/04</u>		
<input type="checkbox"/> Assignment - \$ _____	OR <input checked="" type="checkbox"/> Certificate of Mailing		
<input type="checkbox"/> Assignment Cvr Sheet			
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PTO/SB/21 (08-03)

Approved for use through 08/30/2003 OMB 0651-0031

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

6

Application Number	09/178,077
Filing Date	October 20, 1998
First Named Inventor	R. A. Green
Art Unit	2176
Examiner Name	William Bashore
Attorney Docket Number	CA9-98-038

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below).
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Winstead Sechrest & Minick P.C. Robert A. Voigt, Jr. Reg. No. 47/155
Signature	
Date	May 19, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P O Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Serena Beiler	
Signature		Date May 19, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-03)

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003 Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 330.00)

Complete if Known

Application Number	09/176,077
Filing Date	October 20, 1998
First Named Inventor	R. A. Green
Examiner Name	William Bashore
Art Unit	2176
Attorney Docket No.	CA9-98-038

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number	09-0461
Deposit Account Name	IBM Corporation

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385			Utility filing fee	
1002 340	2002 170			Design filing fee	
1003 530	2003 265			Plant filing fee	
1004 770	2004 385			Reissue filing fee	
1005 160	2005 80			Provisional filing fee	
SUBTOTAL (1) (\$)					

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from	Fee Paid
			-20" =	X	=
			-3" =	X	=

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 9			Claims in excess of 20
1201 86	2201 43			Independent claims in excess of 3
1203 290	2203 145			Multiple dependent claim, if not paid
1204 85	2204 43			Reissue independent claims over original patent
1205 18	2205 9			Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)				

*or number previously paid, if greater. For fees less than one dollar, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity

Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 930	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	330.00
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1480 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission or Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify)			
Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$)		330.00	

(Complete if applicable)

SUBMITTED BY	Name (Print/Type)	Registration No. (Attorney/Agent)	Telephone
	Robert A. Wright	47,159	512-370-2832
Signature			Date May 19, 2004

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